



Heather E. Bush
Viral Hepatitis & Syringe Exchange Coordinator
Prevention, Treatment & Care Program
Utah Department of Health
P.O. Box 141010 Salt Lake City, UT 84114-1010

June 17, 2016

Dear Ms. Bush:

The Utah Department of Health submitted a determination of need request to the Centers for Disease Control and Prevention (CDC) with data examining whether the jurisdiction is experiencing or at risk for an increase in viral hepatitis or HIV infection due to injection drug use. Consulting with CDC on this data is a requirement in the process of seeking approval to use of federal funds to support syringe services programs (SSPs). All such requests are reviewed by a panel of CDC subject matter experts who evaluate submitted data in accordance with the *U.S. Department of Health and Human Services (HHS) Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*.

After careful review of the Utah Department of Health's submission, CDC concurs that Utah is at risk for an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SSPs within the jurisdiction. Specifically, the requestor presented statewide data on epidemiologic trends that indicate increases in unsafe injection of illicit drugs as well as data on statewide increases in HIV and acute HCV infections due to injection drug use. The increase in IDU-associated HIV infections, though small in number, is noteworthy insofar as nationally over the same time period IDU-associated HIV infections have fallen and the fidelity with which HIV infection is diagnosed and transmission risk is determined is high. The narrative makes a compelling case that there are multiple counties within the state where these increases are focused. Increases in opioid-related deaths in the context of increasing seizure of heroin by law enforcement suggest the increase in heroin seizures represents greater supply of drug and consequent opioid deaths and does not necessarily reflect solely increased law enforcement activity.

This notice may be used by state, local, territorial, or tribal health departments or eligible HHS-funded recipients to apply to direct federal funds to support SSPs. As there is no expiration date for this notice, Utah may elect to either (1) immediately request to direct FY 2016 funds to support SSPs or (2) delay requests to direct funds to support SSPs until a subsequent fiscal year. Utah Department of Health is strongly encouraged to discuss their plans to direct funds for SSPs with their respective federal funding agency.

Only CDC directly-funded, eligible awardees should submit a request to CDC to direct funding for SSP activities.

Thank you for your interest in the public health implications of injection drug use in Utah. If you have any questions or require further technical assistance, please do not hesitate to send an email to SSPCoordinator@cdc.gov.

Sincerely,
CDC SSP Determination Panel